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CONFIRMATION NO. 7418

<b>SERIAL NUMBER</b> 10/829,044	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> CRD0933CIP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/850,233 05/07/2001 ABN which is a CIP of 09/575,480 05/19/2000 which claims benefit of 60/204,417 05/12/2000 and said 09/850,233 05/07/2001 claims benefit of 60/262,614 01/18/2001 and claims benefit of 60/263,979 01/25/2001 and claims benefit of 60/263,806 01/24/2001 and claims benefit of 60/262,461 01/18/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

45511

## TITLE

Drug/drug delivery systems for the prevention and treatment of vascular disease

<b>FILING FEE RECEIVED</b> 11860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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